

Mildred E. Bellison

Town

County

Died at

may
Damascus

Mont

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1905	10	27	1	5		U.S.	—
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living	

Husband of —
Wife

Father's Name	Mother's Maiden Name
Chas Bellison	Delta W. Bowen

Cause of Death	How long sick
Primary Pneumonia	3 months
Immediate Pulmonary Tuberculosis	Accident, Suicide, Homicide

Reported by	Address
P. D. Lamsdale M.D.	Damascus Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George Best

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Germananton Town County MARYLAND

Date of death 1905 October 8 Month 8 Day 2 Age 2 Years — Months — Days

Sex Male Color or Race White Birth-place Germananton

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Name of Wife or Husband —

Father's Name Elmer Best Father's Birthplace County D.

Mother's Maiden Name — Mother's Birthplace N. Va.

Name of person giving information Physician How related to deceased —

CAUSES OF DEATH

Primary Pneumonia 93 How long 1 wk.

Immediate Asphyxia How long —

Are the name, age, sex, color, date and place correctly given above?

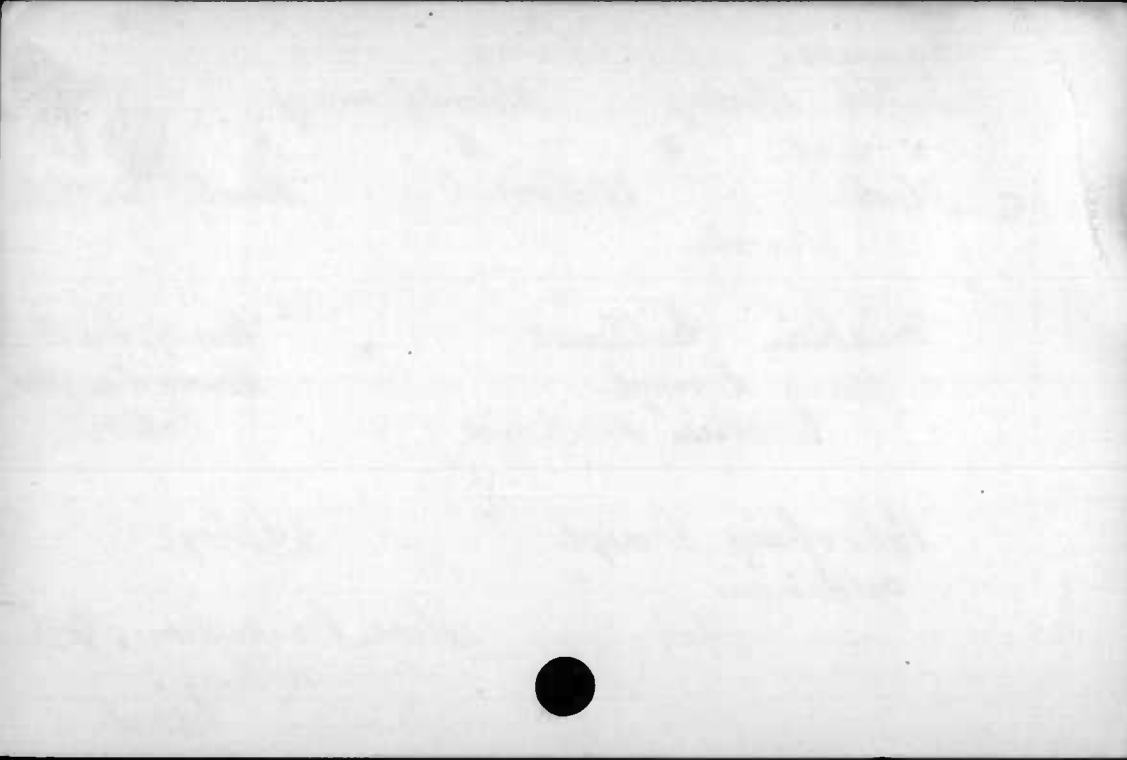
Yes

Signature of Physician

Address

U. D. Townsend
Danversville Ind.

Accident or Suicide?



Name in Full		Francis Billows				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Sandy Spring		County		Montgomery	
	Date of death 1905		Month	Day	Years	Months	Days	MARYLAND
	Sex		Male		Color or Race	Colored		Birth- place
	Married, Single or Widowed		Single		Occupation		Montg. Co. Md.	
	Name of Wife or Husband							
	Father's Name		Erskine Billows				Father's Birthplace	
	Mother's Maiden Name		Mary Kough				Mother's Birthplace	
	Name of person giving information		Erskine Billows				How related to deceased	
				CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary		Whooping Cough				How long	30 days
	Immediate		Asthenia				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Chas. Farguhar, M.D., Wheat. Md.	
	Accident or Suicide?				Address			



Name
in
Full

Edward R. Boswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ashton</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Month} <i>Oct</i> ^{Day} <i>23</i>	Age	<i>82</i> ^{Years}	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		<i>Susie Knutt</i>		
Father's Name	_____			Father's Birthplace	_____
Mother's Maiden Name	_____			Mother's Birthplace	_____
Name of person giving information	<i>E. J. Buntly</i>			How related to deceased	<i>none</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	How long	<i>12 months</i>
Immediate	<i>Heart failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. R. Burton</i>	
		Address	
		<i>Spencerville</i>	
Accident or Suicide?			



Dr. J. R. Batson
Spencer ville

Montg C 3

MD

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Katherine Bowman</i>		Town <i>Kensington</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at		Month <i>Oct</i>		Day <i>19</i>		Years <i>3</i>	
Date of death <i>1905</i>		Month <i>Oct</i>		Day <i>19</i>		Years <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>4</i>	
Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>		Days <i>15</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>Geo Robert Bowman</i>		Mother's Maiden Name <i>Agnes K. Gleason</i>		Name of person giving information <i>Agnes K. Gleason</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal obstruction</i>	How long <i>few hours</i>
Immediate <i>Convulsions</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis</i>
	Address <i>Kensington Md</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Eliza Leyvinia Bready

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oakdale		County Montgomery		MARYLAND	
Date of death	1905	Month 10	Day 23	Age 45	Years	Months 3	Days 22
Sex	Female		Color or Race	white, american		Birth- place	Honover Md
Occupation	House wife			Where Residing if not at place of death Oakdale Md			
Married, Single or Widowed	Married		Name of Wife or Husband	Calvin Bready			
Father's Name	Charles W. Bready				Father's Birthplace	Buckeys Town Frederic Co.	
Mother's Maiden Name	Mary Jane Brall				Mother's Birthplace	Bay Hill	
Name of person giving Information	S. Clifton Bready				How related to deceased	Sister in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lymphoid fever	How long	9 weeks & 4 days
Immediate	Hart Exhaustion	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Roger Brewer
		Address	Sandy Spring Md
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

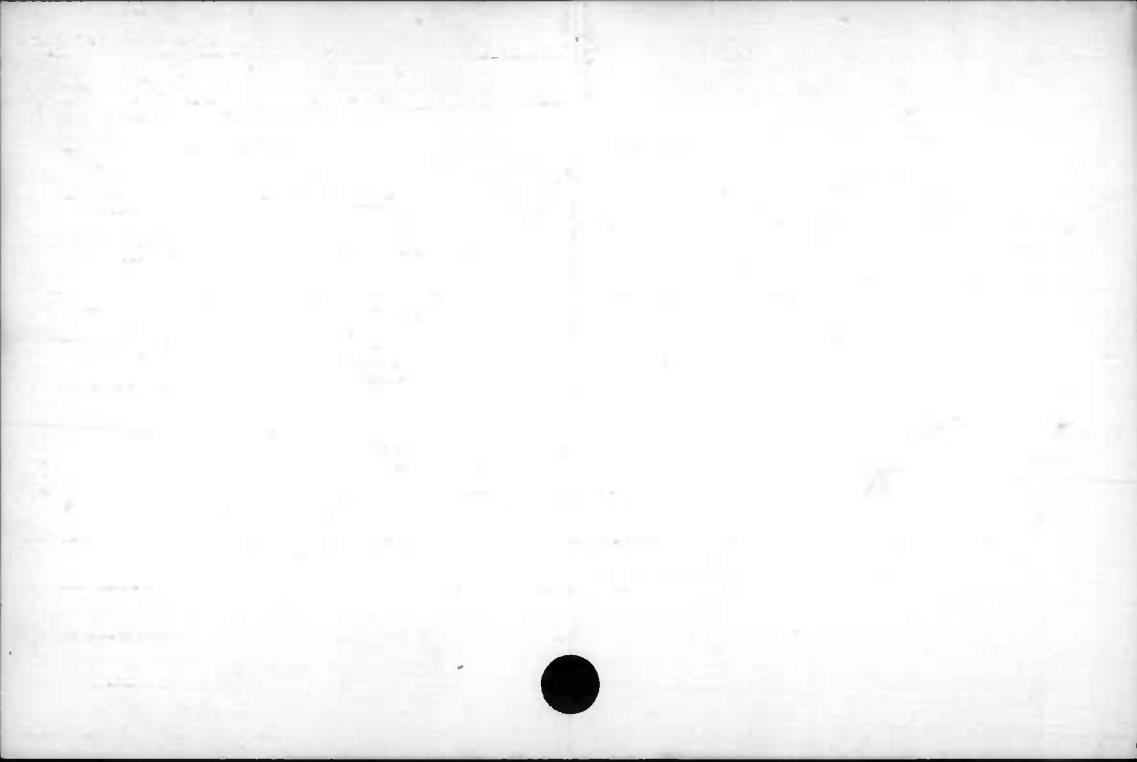
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gaithersburg</i> Town <i>Montgomery</i> County		Date of death <i>1906</i> - <i>Oct.</i> Month <i>11</i> Day <i>3</i> Years <i>57</i>		Months <i>3</i> Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Gaithersburg</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Gaithersburg Md.</i>				
Married, Single <i>Single</i>	Name of Wife or <i>Mary J. Wright</i> Husband				
Father's Name <i>Samuel Wright</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Eleanor Higgins</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>Mary J. Wright</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lower Disposal</i>	How long <i>11 1/2</i> Years
Immediate <i>Heart Failure</i>	How long <i>10</i> minutes
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. C. Elphinstone</i>
	Address <i>Gaithersburg Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

George Ellicott Brooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

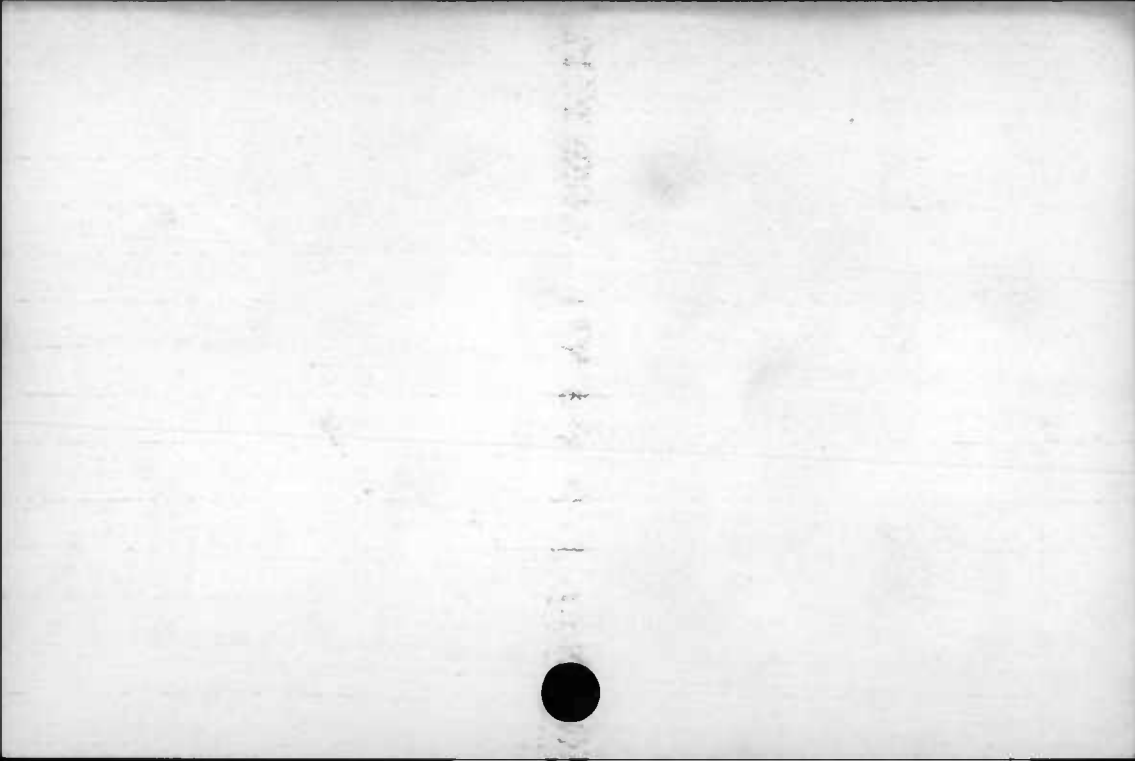
Died at		Sandy Spring		Montgomery		MARYLAND	
Date of death 1905	Month	Day	Years	Months	Days		
10	Oct.	6th	92	10	30		
Sex	Male		Color or Race	White		Birth-place	Sandy Spring Montg.-Co. Md.
Married, Single or Widowed	Widowed		Occupation	Retired Farmer.			
Name of Wife or Husband	Eliza Brooke						
Father's Name	Roger Brooke				Father's Birthplace	Montg.-Co. Md.	
Mother's Maiden Name	Mary Pleasant Youngblood				Mother's Birthplace	Virginia	
Name of person giving Information	Annie Poik				How related to deceased	Daughter	

CAUSES OF DEATH

Primary	Old age	How long	—
Immediate	Heart failure	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Chas. Farquhar, M.D.
		Address	Olney, Md.
Accident or Suicide?			

PHYSICIAN
OR CORNER

154



Name

in
Full

Frederick Wilhelm Puhlwer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ashton* Town *Montgomery* County **MARYLAND**

Date of death *1905* Month *Oct.* Day *25* Age *9* Years Months *8* Days

Sex *Male* Color or Race *White* Birth-place *Ashton*

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
or Widowed

Name of Wife or
Husband

Father's
Name

August Puhlwer

Father's
Birthplace

Loet Dippingen
Germany

Mother's
Maiden Name

Frederika Christiana Weegman

Mother's
Birthplace

Grossaspach
Germany

Name of person giving
Information

Aug. Puhlwer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tonsillitis

How long

1 week

Immediate

Heart Failure

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes.

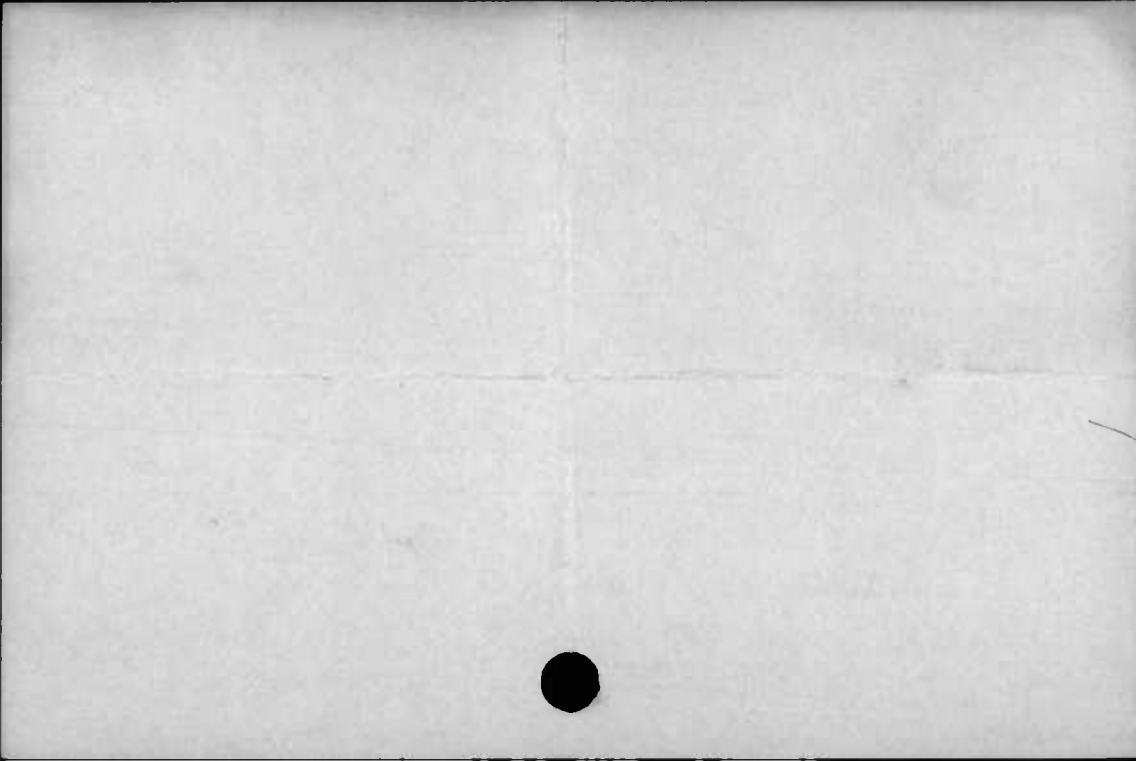
Signature of
Physician

August Stabler

Address

Brighton, Md.

Accident or Suicide?



Name
in
Full

Carlton Claggett

CERTIFICATE OF DEATH

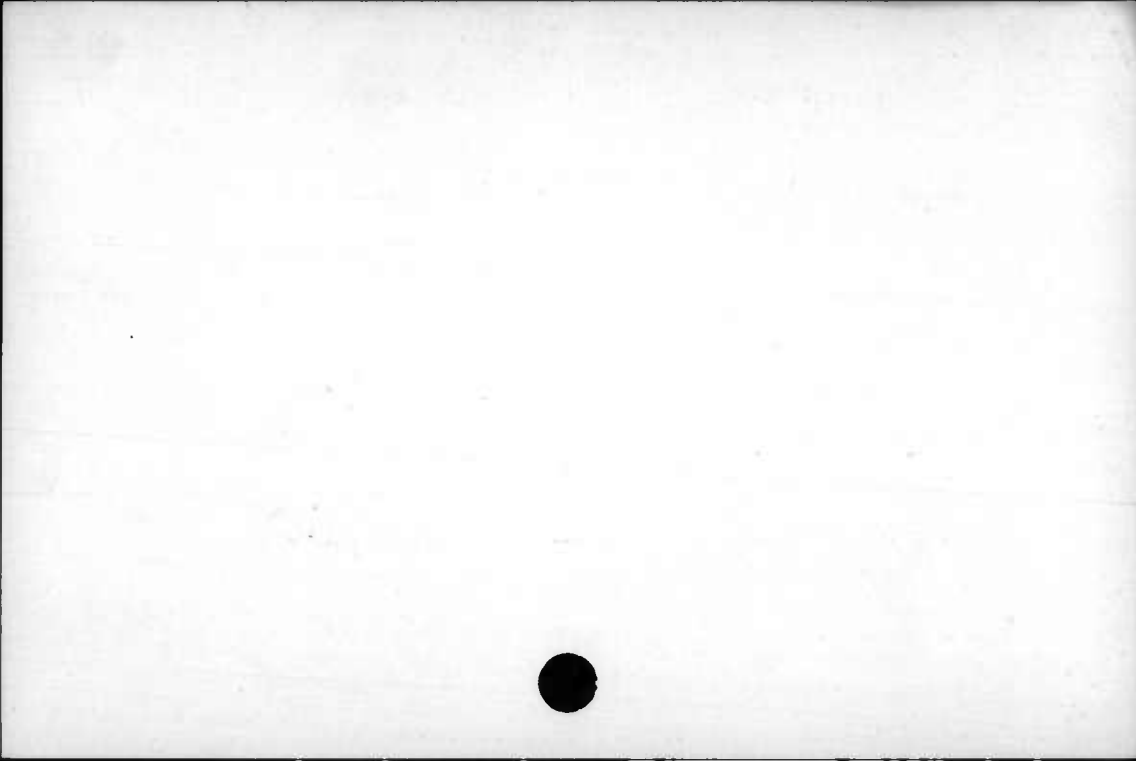
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Raytownville		County Montgomery		MARYLAND	
Date of death	1905	Month Oct	Day 18	Age	16	Months 9	Days 1
Sex	Male		Color or Race	Colored		Birth- place	Raytownville
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name				Charles Claggett		Father's Birthplace	
Mother's Maiden Name				Antonia Snowden		Mother's Birthplace	
Name of person giving In formation				Thomas Claggett		How related to deceased	
				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	21 days
Immediate	Intestinal Hemorrhage + Perforation	How long	27 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Dyson M.D.	
Address		Raytownville Montgomery Co	
Accident or Suicide?			



Name
in
Full

Walter Claggett

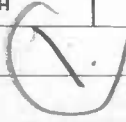
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laytonsville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>7th</i>	Years <i>27</i>	Months <i>11</i>	Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place		
Occupation <i>Blacksmith</i>	Where Residing if not at place of death				
Married, Yes	Name of Wife or Husband <i>Soma Diggs</i>				
Father's Name <i>Charles Claggett</i>	Father's Birthplace <i>Montgomery Co</i>				
Mother's Maiden Name <i>Lucy H. Johnson</i>	Mother's Birthplace <i>Montgomery Co</i>				
Name of person giving information <i>Charles Claggett</i>	How related to deceased <i>Father</i>				

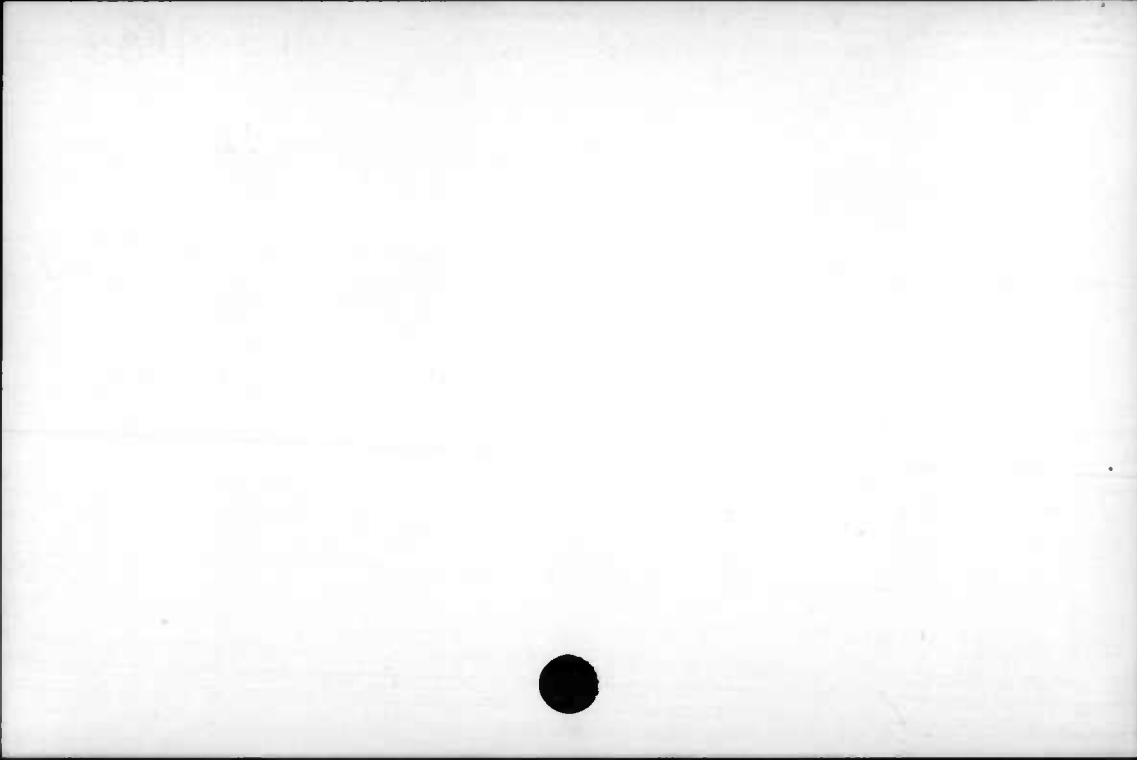
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>		How long <i>14 days</i>
Immediate <i>Congestion of brain</i>		How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Basil B Crawford</i>	Address <i>Laytonsville Maryland</i>
Accident or Suicide?		



Name in Full		Lavinia E. Creamer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Green Town		Montg. County		MARYLAND	
	Date of death	1905	Month	Oct	Day	17	Age
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Thos H. Offutt				Father's Birthplace	
	Mother's Maiden Name	Emeline Offutt				Mother's Birthplace	
Name of person giving information	Richard S. Creamer				How related to deceased		
Husband							
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Accidental Knife wound				How long	
	Immediate	(Traumatic) Shock				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
Accident or Suicide?				N. J. P. ... Polomac Md.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Ralph Creamer
~~St. Paul~~ ^{Town} Travilah ^{County} Montg.

MARYLAND

Date

of death 1905

Month

Oct

Day

2

Age

Years

4

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Montg Co. Md.

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

James J. Creamer

Father's
Birthplace

Md.

Mother's
Maiden Name

Anna B. Mullican

Mother's
Birthplace

Md.

Name of person giving
In formation

J J Creamer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

14 days.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

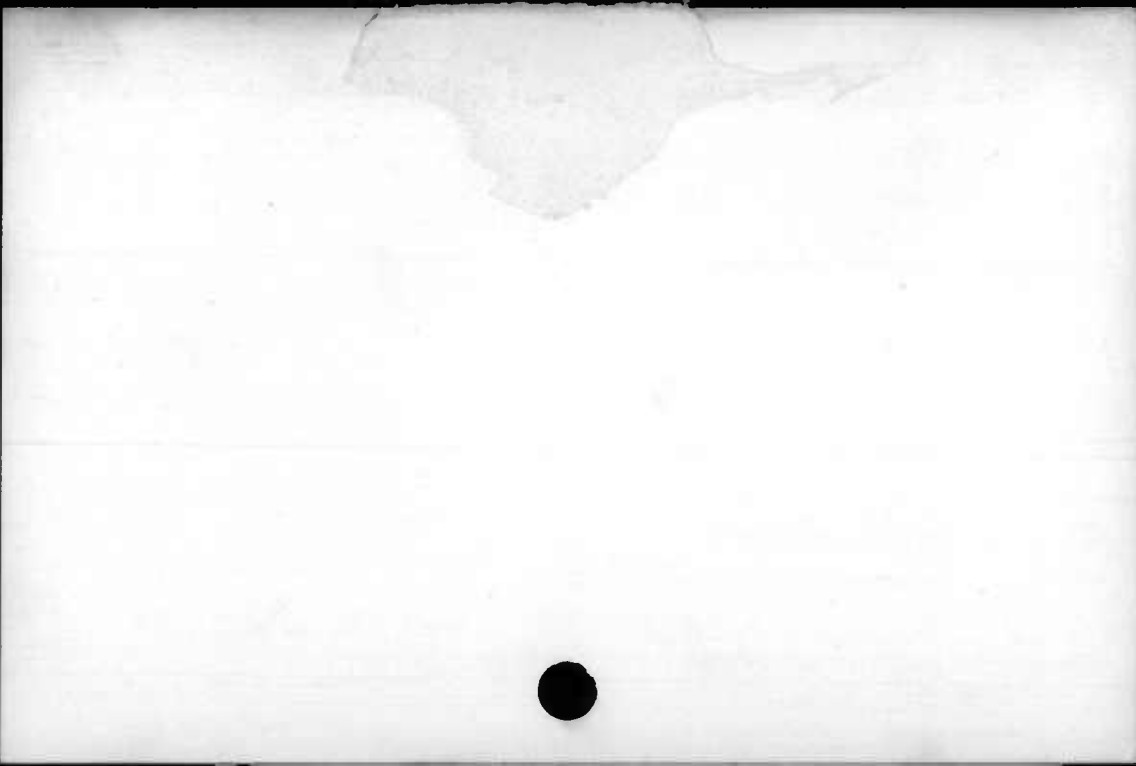
Signature of
Physician

Address

H J Pratt
Potomac
Md.

Accident or Suicide?

—



Name
in
Full

Emma Davis,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Washington Grove Town County

Date of death 190 10 Month 12 Day 10 Years 4 Months 13 Days

Sex Female Color or Race Colored Birth-place Ind

Occupation _____ Where residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

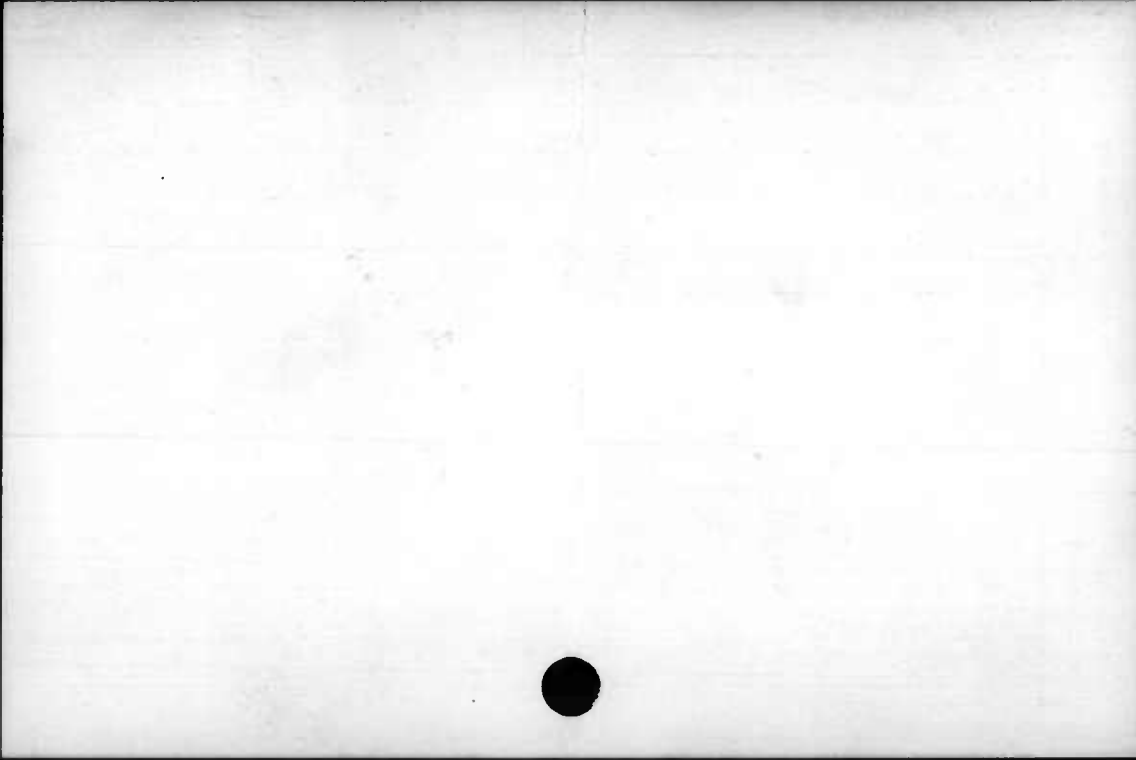
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

~~Accident or Suicide?~~PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Rockville* ^{Town} *Montgomery* ^{County}Date of death *1905* ^{Month} *10* ^{Day} *9* ^{Years} *64* ^{Months} ^{Days}Sex *Female* Color or Race *White* Birth-placeOccupation *Housewife* Where Residing if not at place of death *X*Married, Single or Widowed *Married* Name of Wife or Husband *Samuel English*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

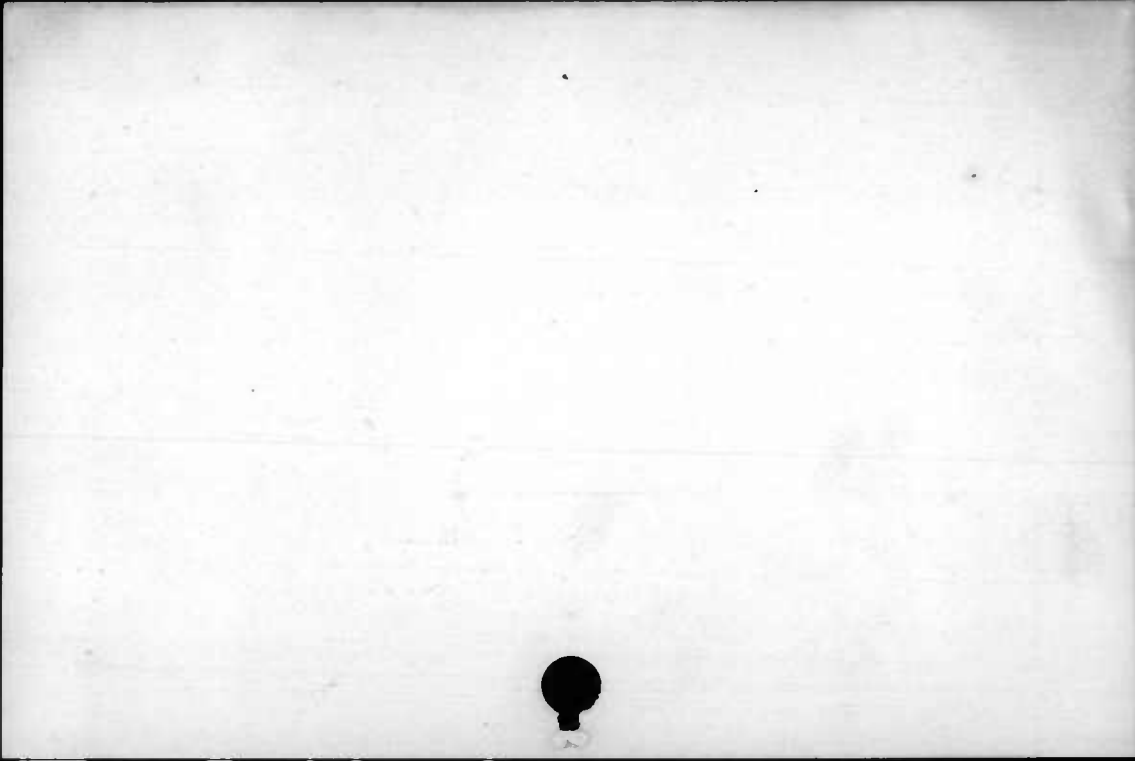
Primary *Acute Indigestion* How long *- X*Immediate *Heart Failure* How long *few minutes*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name in Full

Certificate of Death

Fannie Hamilton

Town

County

Died at

MARYLAND

Date 1905- Oct 17 Month Day Y. M. D. Native of MD Occupation ✓
Male White Married Widow Divorced
Female Colored Single Widower Number of children living ✓

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

2 mo

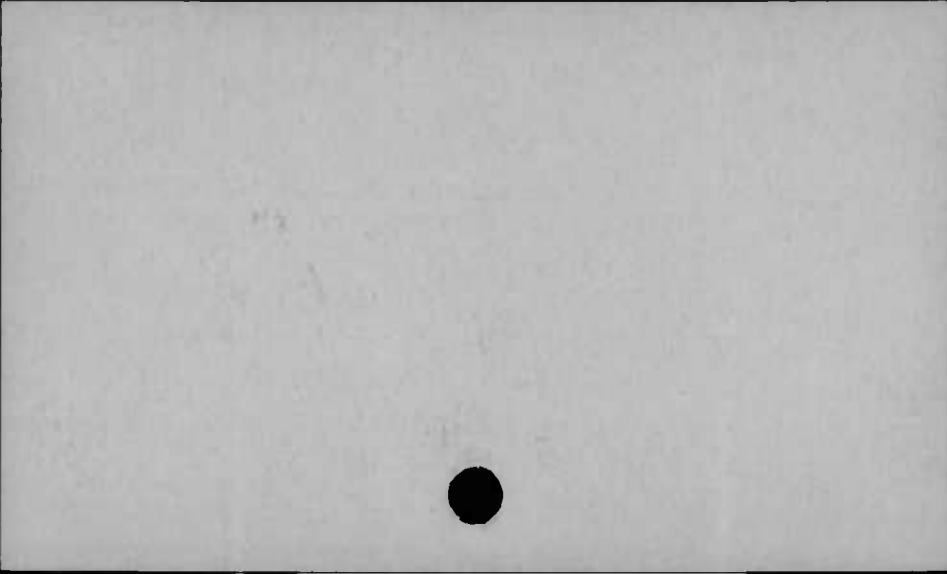
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6597K



Name
in
Full

Harry Hamilton

CERTIFICATE OF DEATH

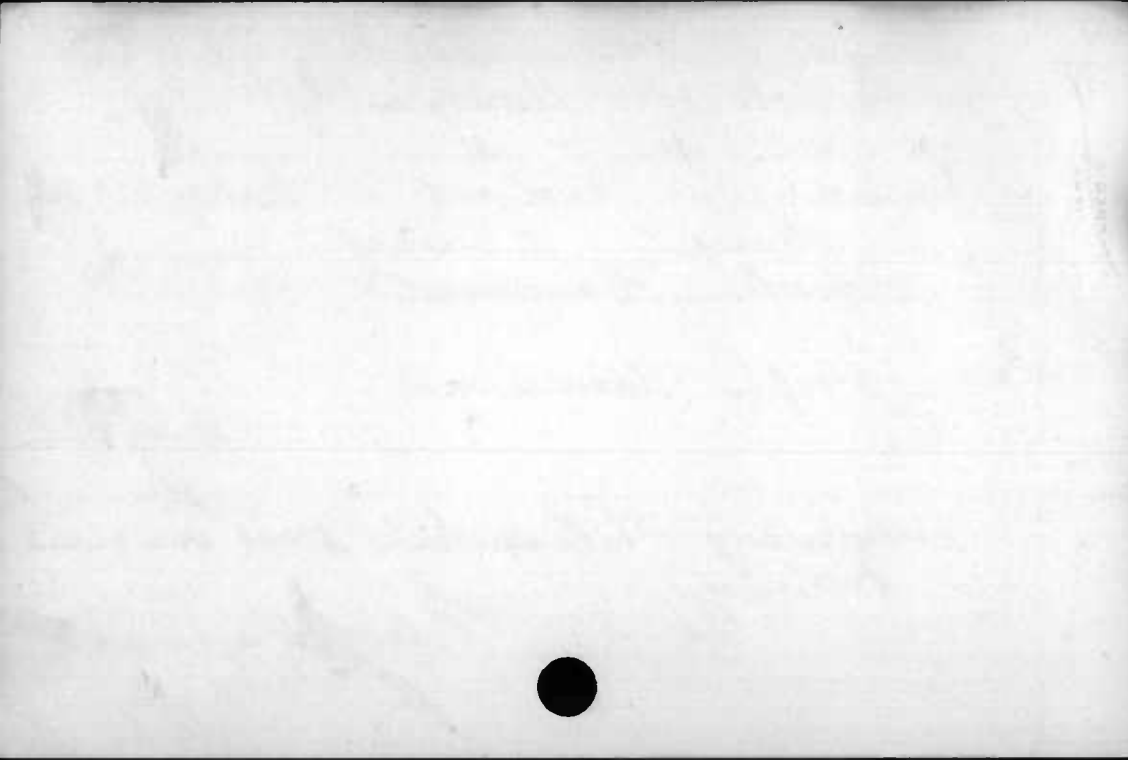
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Poplesville</i> <i>Indy</i> County		MARYLAND	
Date of death	Month <i>Oct.</i> Day <i>25</i> Years <i>25</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Poplesville Md</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>-</i>		
Married, Single <i>Married</i>	Name of Wife or Husband <i>Wallace Hamilton</i>		
Father's Name <i>-</i>	Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>-</i>	Mother's Birthplace <i>-</i>		
Name of person giving information <i>Physician</i>	How related to deceased <i>-</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute meningitis</i>	How long <i>7 weeks</i>
Immediate <i>Coma</i>	How long <i>2 1/2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. D. Dawson M.D.</i>
	Address <i>Dawsonville Ind.</i>
Accident or Suicide? <i>-</i>	



Name

in
Full

Aunie V. Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i> <i>Boiceck</i>		Town		County		MONTGOMERY		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Oct.</i>	Day <i>11</i>	Years <i>31</i>	Months	Days				
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>					
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>							
Name of Wife or Husband <i>Joseph Hammond</i>									
Father's Name		Father's Birthplace							
Mother's Maiden Name <i>Joseph Hammond</i>		Mother's Birthplace							
Name of person giving information		How related to deceased <i>Husband.</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About one year</i>
Immediate <i>Asthenia</i>	How long <i>(22)</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farquhar</i>
	Address <i>Olney Md.</i>
Accident or Suicide?	



William Emmanuel Howard

Town

County

Died at

Brighton

Montgomery

MARYLAND

Date

1915

Month

Oct.

Day

15

Y.

M.

D.

X 2 22

Native of

Unity

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John D. Howard

Mother's

Name

Nerdy Howard

Cause of

Primary

Indigestion

How long sick

2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Aug Stabler M.D.

Address

Brighton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Edward Hutchinson

CERTIFICATE OF DEATH

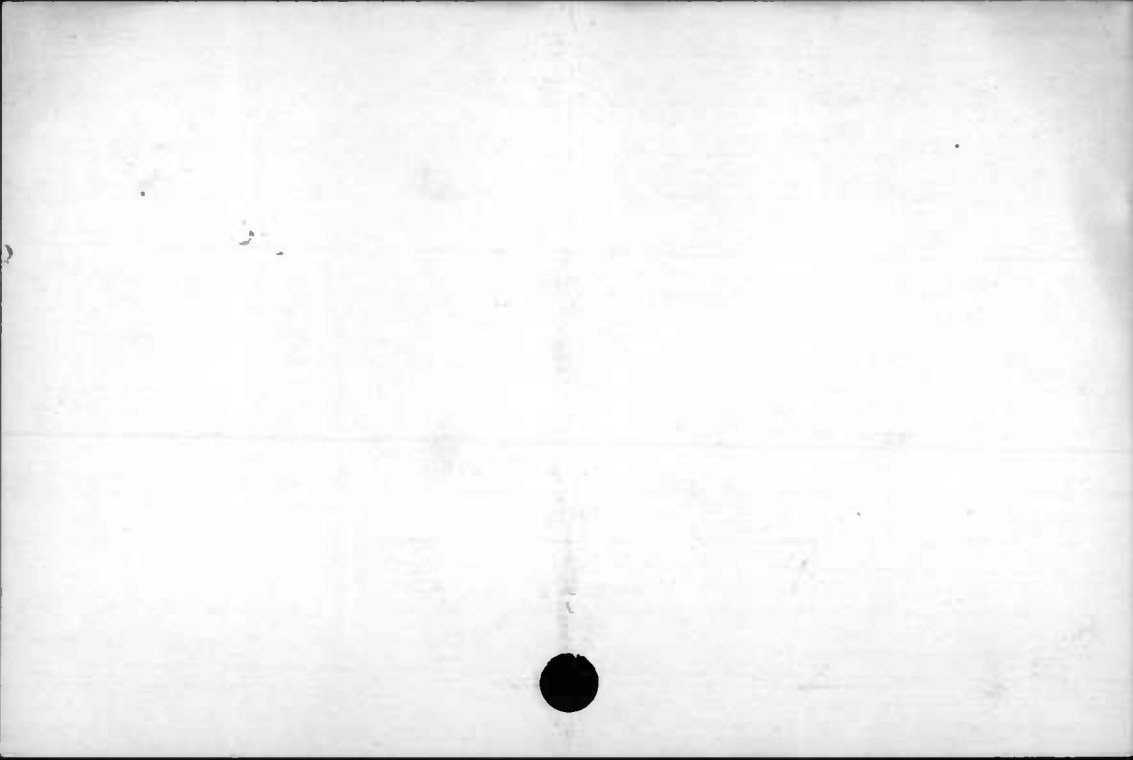
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leoluville</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>10</i>	Age <i>40</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Hutchinson</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Jane Fling</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Virginia Walden</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>More than a year</i>
Immediate <i>Syncope</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. T. Brown</i>
<i>Yes</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Thos Jenkins

TO BE ANSWERED BY
NEAREST FRIEND

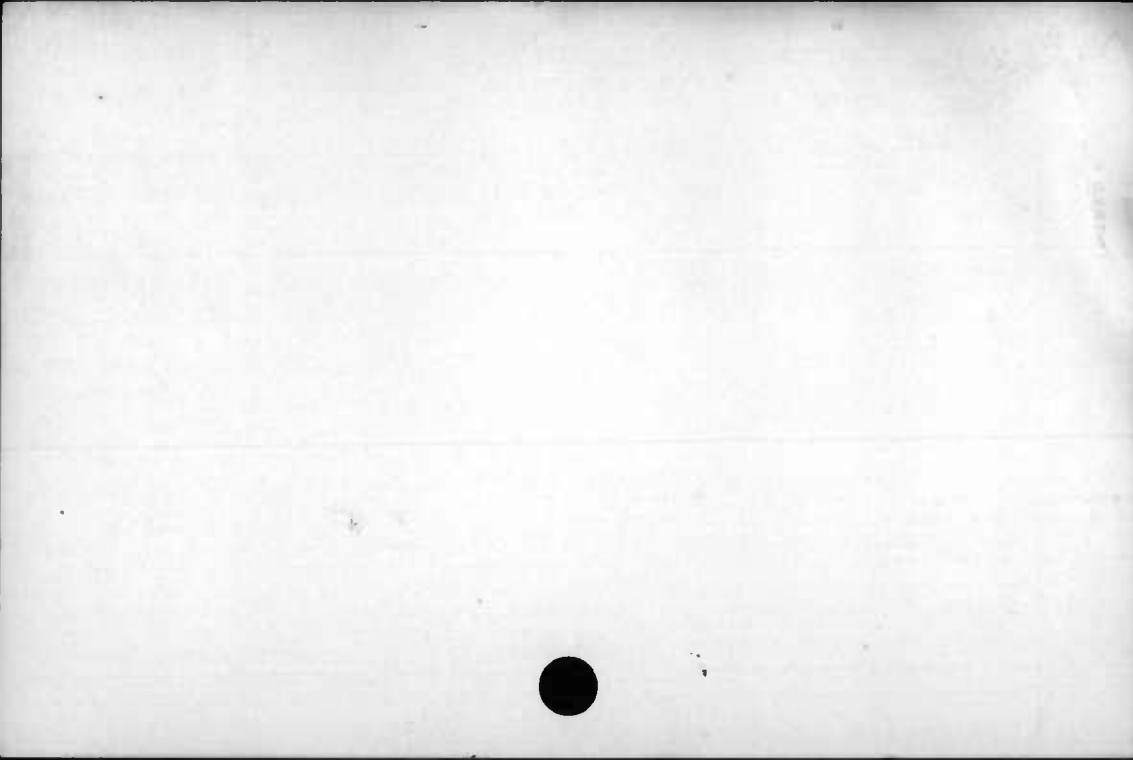
Died at <i>Danburyville</i> <small>Town</small>		<i>Montz</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Month</small> <i>Oct</i> <small>Day</small> <i>10</i> <small>Years</small> <i>75</i> <small>Months</small> <i>—</i> <small>Days</small> <i>—</i>		Sex <i>Male</i>		Color or Race <i>Negro</i>	
Occupation <i>Day laborer</i>		Where Residing if not at place of death <i>Montz Col Md</i>			
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <i>—</i>			

Father's Name <i>—</i>	Father's Birthplace <i>—</i>
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>
Name of person giving information <i>Physician</i>	How related to deceased <i>—</i>

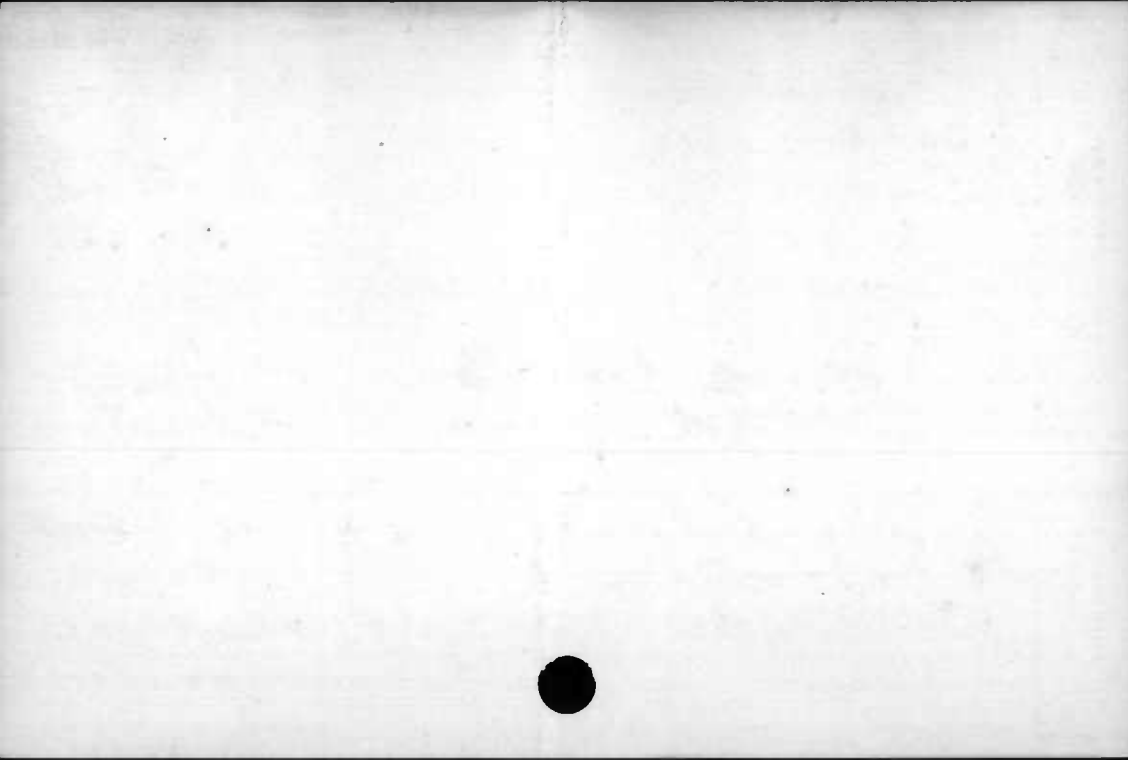
CAUSES OF DEATH

PHYSICIAN
OR CORONER

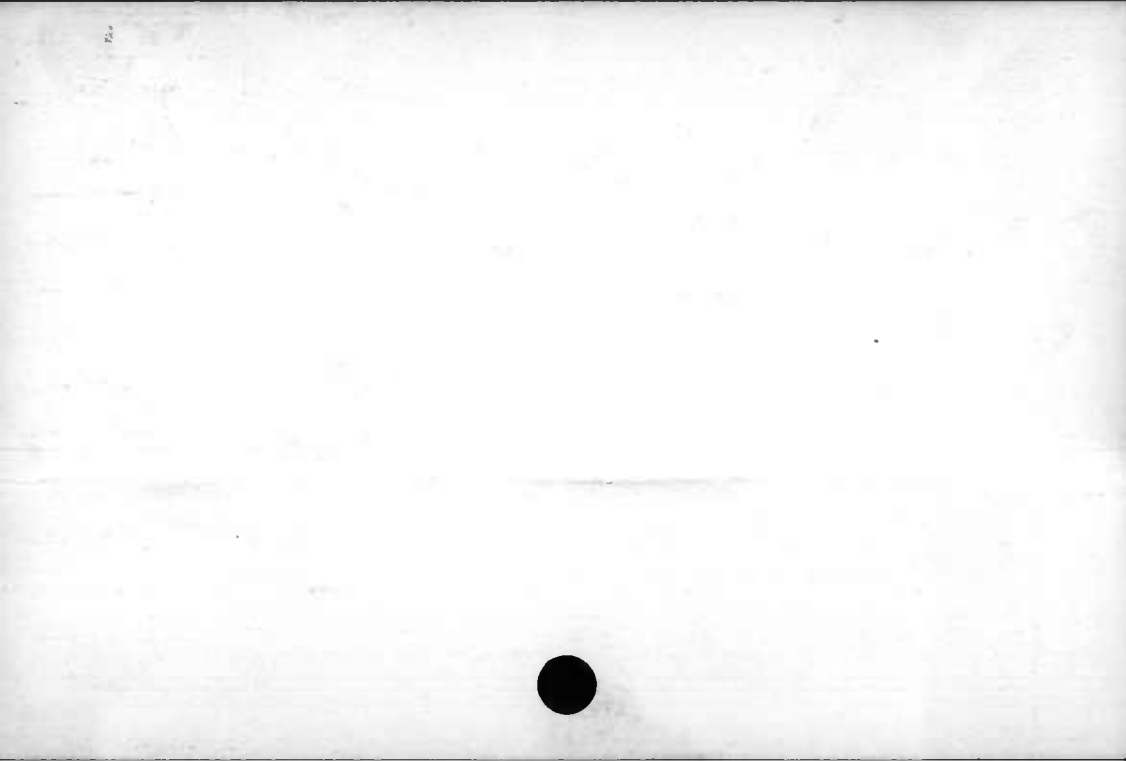
Primary <i>Chronic Endocarditis</i>	How long <i>—</i>
Immediate <i>Athema</i>	How long <i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>U D House M.D.</i>
	Address <i>Danburyville Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Grace Jordan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hawling Grove		Montg		MARYLAND	
	Date of death	1905	Oct	17	Age	25	
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Silver Spring Md	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Hm Kane Jordan				Father's Birthplace	W. Va.
	Mother's Maiden Name	Alice A Leross				Mother's Birthplace	"
	Name of person giving information	Hm Kane Jordan				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	3 mos.
	Immediate	Asphyxia				How long	A few days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				H. J. Brown		
	Accident or Suicide?				Address		
				Silver Spring Md			



Name in Full		Mary Jane Lewis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Spencerville		County		MARYLAND	
	Date of death	1905	Month	Oct	Day	5	Age
	Sex	Female		Color or Race	Black		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Jersey City N.J.	
	Married, Single or Widowed	Single		Name of Wife or Husband		Burnside Lewis	
	Father's Name			Father's Birthplace			
	Mother's Maiden Name	Sarah Johnson		Mother's Birthplace		Md	
	Name of person giving information	Henry Johnson		How related to deceased		brother	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis			How long	6 months	
	Immediate	exhaustion			How long	10 days	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		J. R. Burton	
				Address		Spencerville Md	
Accident or Suicide? LIBRARY BUREAU 488616							



Name in Full

Certificate of Death

George Mc Cormick

Town

County

Died at Darnestown Montg.

MARYLAND

Date 1905
 Year 189
 Month 10 Day 12 Y. 62 M. Mid Native of Mechanics & Contractors
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Sarah Mc Cormick

Father's
Name

Mother's
Name

Cause of Primary Leukocythemia & leucemia
 Death Immediate Transition
 How long sick 3 or 4 years
 Accident, Suicide, Homicide

Reported by

Chas. H. Source M.D.

Address

Darnestown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BERN



Name
in
Full

CERTIFICATE OF DEATH

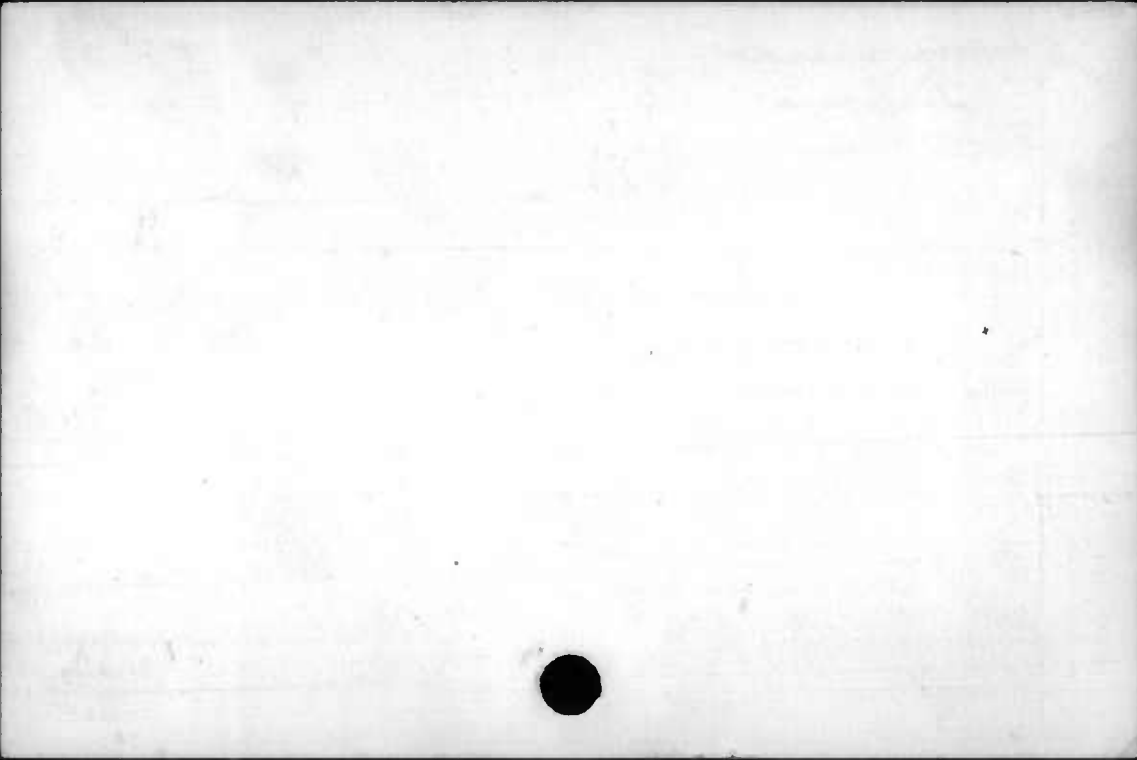
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Walter Magoha		Town River Road		County Montgomery		MARYLAND	
Died at River Road		Date of death 1905		Month 10		Day 11	
Age 0		Years 0		Months 8		Days 14	
Sex male		Color or Race white		Birth-place River Road			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed single		Name of Wife or Husband —					
Father's Name Walter V Magoha				Father's Birthplace Petersville Md			
Mother's Maiden Name Catherine Riley				Mother's Birthplace Brookston Md			
Name of person giving Information Father				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart failure	How long	1 week or more
Immediate	Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician M. Hoff	
		Address 3901 Grand Rd DC	
Accident or Suicide? —			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

John Pawnee
Rindon ^{Town} *Montgomery* ^{County}

MARYLAND

Date

of death 190

Month

Oct

Day

1

Age

Years

62

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

MD

Occupation

Farmer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Julia Pawnee

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

Richard Wright

How related
to deceased

Not related

CAUSES OF DEATH

Primary

Pyogenic Heart

How long

One year

Immediate

Pyogenic Heart

How long

One year

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

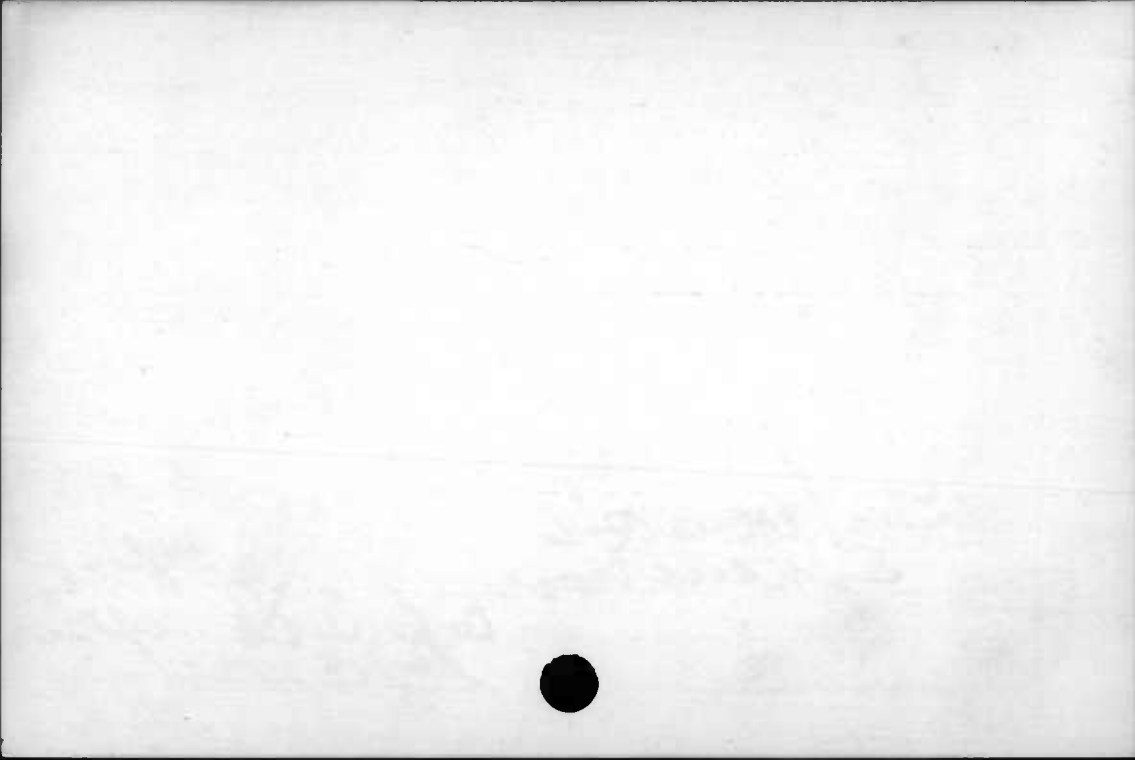
Address

Caplan Jones
Lexington Md

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

Madon Scott Pierce

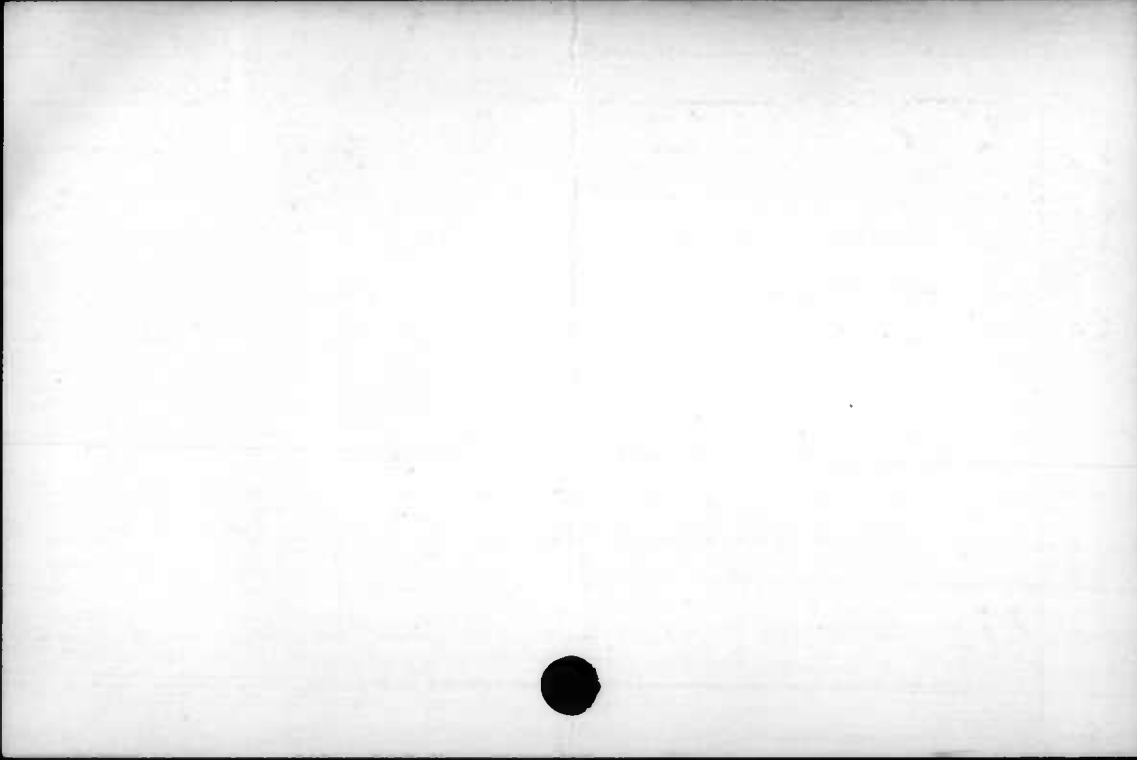
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cloppell</u> <small>Town</small>		<u>Monty</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>10</u> <small>Month</small>	<u>14</u> <small>Day</small>	Age <u>19</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single <u>Married</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Geo W. Pierce</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary C Ashby</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Geo W Pierce</u>			How related to deceased <u>Tractor</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Tuberculosis</u>	How long	<u>7 mo</u>
	Immediate	<u>Exhaustion</u>	How long	<u>one week</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. C. Edwards</u>	
			Address <u>Wainwright</u>	
Accident or Suicide? <u>Ind</u>				



Name
in
Full

CERTIFICATE OF DEATH

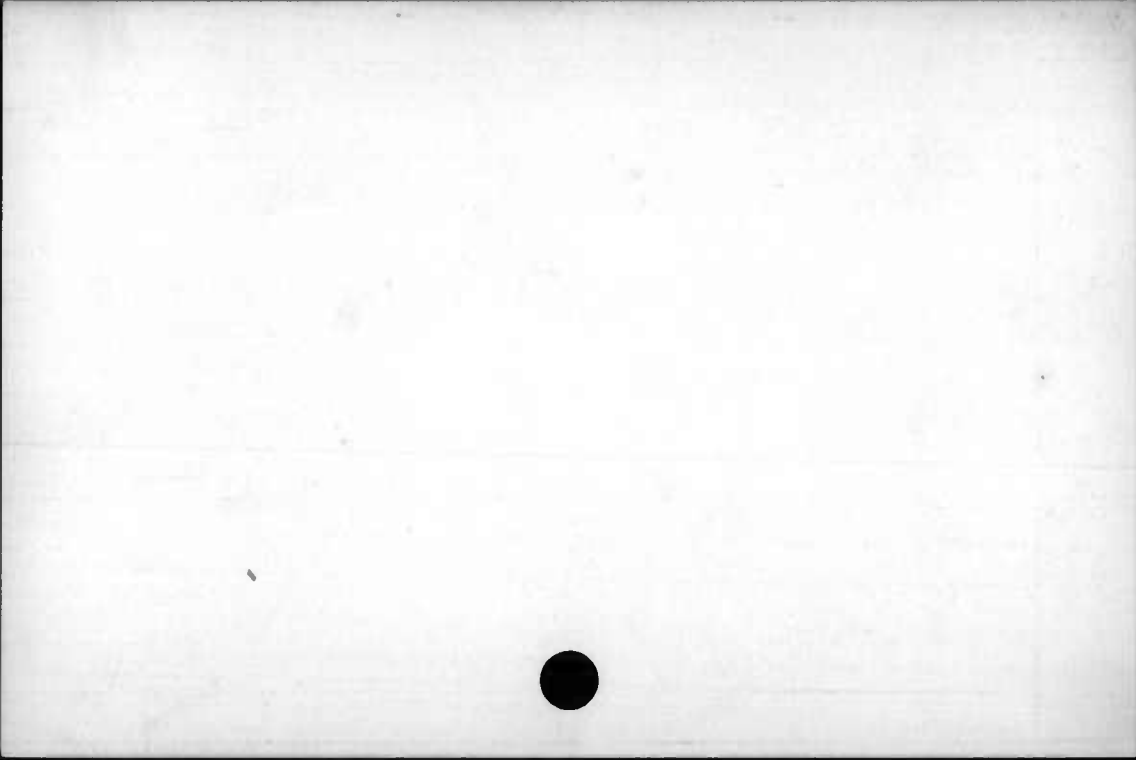
TO BE ANSWERED BY
NEAREST FRIEND

Name *Unnamed* Town *Park* County *Pierce*
Died at *Takoma Park* *Montgomery*
Date of death 190 *5* Month *Oct* Day *20* Age *28* Years Months Days
Sex *F* Color or Race *white* Birth-place *Takoma Park*
Married, Single or Widowed Occupation
Name of Wife or Husband
Father's Name *Clement C. Pierce* Father's Birthplace *Ill.*
Mother's Maiden Name *Lillie T. Pierce* Mother's Birthplace *Ill.*
Name of person giving information *Clement C. Pierce* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *151* How long
Immediate *marasmus* How long *28 days*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Alfred T. Parsons*
Address *Takoma Park, Ill.*
Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Alice Rudroff

Town

Phoston

County

Montgomery

MARYLAND

Died at

Date

of death 1904

Month

Oct.

Day

16

Age

Years

61

Months

10

Days

18

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

Home

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mrs. Rudroff

Father's
Name

Mrs. Foster

Father's
Birthplace

Germany

Mother's
Maiden Name

Cooney

Mother's
Birthplace

Germany

Name of person giving
Information

Mrs. Rudroff

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Apoplexy

How long

Few hours

Immediate

Apoplexy

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Eng. W. Jones
Kensington

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Isaac M. Linnus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Martinsburg</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>October</i> ^{Month}	<i>4</i> ^{Day}	Age <i>90</i> ^{Years}	<i>5</i> ^{Months}	<i>5</i> ^{Days}
Sex <i>Boy</i>	Color or Race <i>negro</i>		Birth-place <i>Martinsburg</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Martinsburg</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Linnus</i>			Father's Birthplace <i>Martinsburg</i>		
Mother's Maiden Name <i>Ella K Jenkins</i>			Mother's Birthplace <i>Martinsburg</i>		
Name of person giving Information <i>John Linnus</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Deep Red</i>	How long <i>101/2 Since Birth</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. J. Platt sub reg</i>
	Address <i>Radcliffville</i>
Accident or Suicide? <i>—</i>	<i>Med</i>



Name
in
Full

CERTIFICATE OF DEATH

James H. Smith

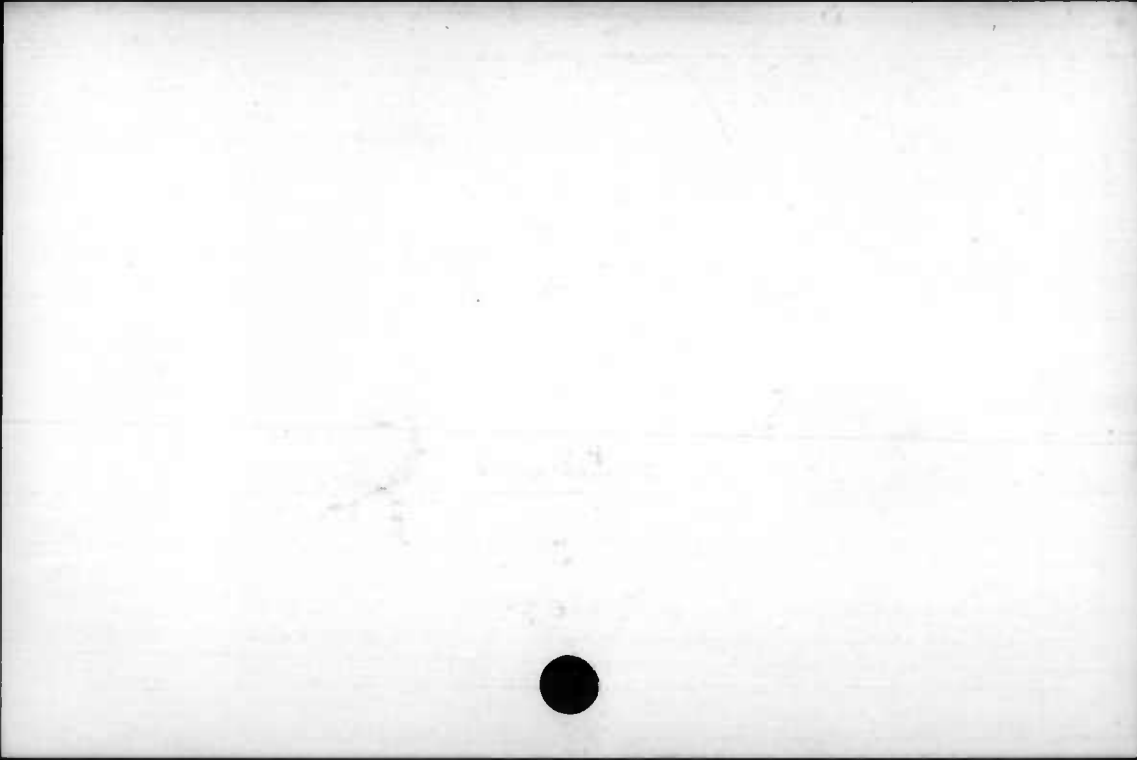
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Potomac</u> ^{Town}		<u>Montg.</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>Oct</u> ^{Month}	<u>6</u> ^{Day}	Age <u>70</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Va.</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth Smith</u>				
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>A G. Smith</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebral Haemorrhage</u>	How long
Immediate <u>Paralysis</u>	How long <u>Four years.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. J. Pratt, M.D.</u>
	Address <u>Potomac Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Smith

CERTIFICATE OF DEATH

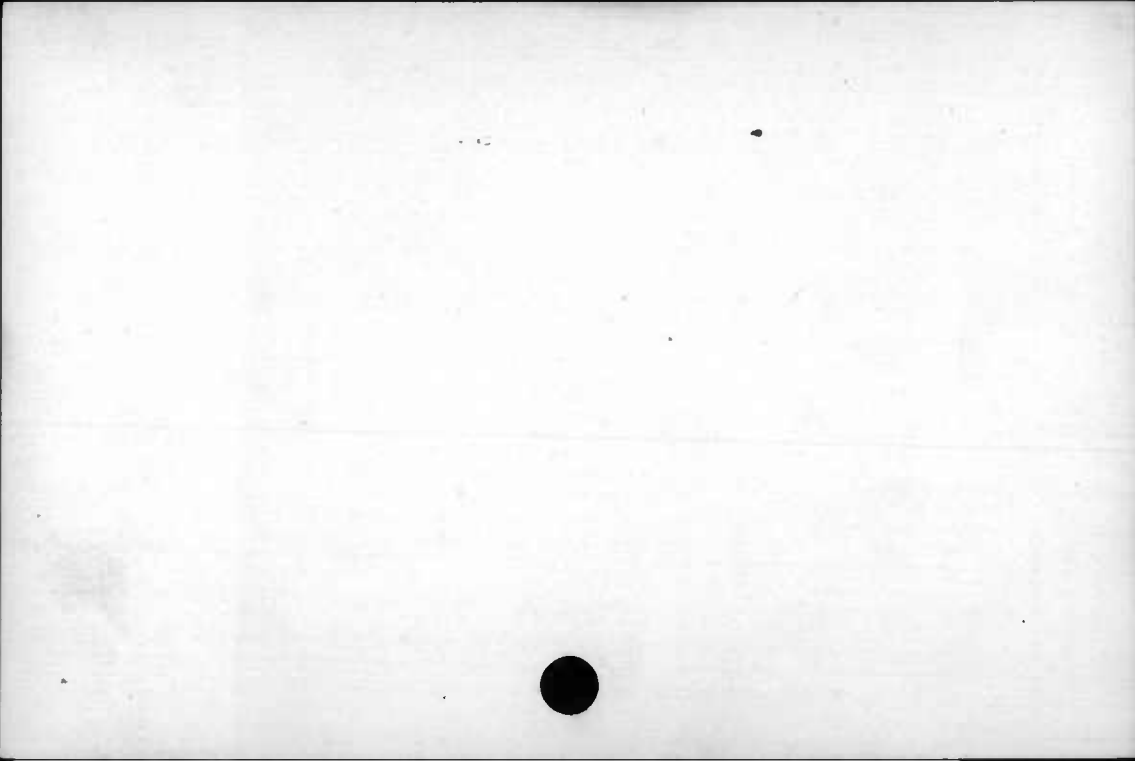
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> ^{Town}		<i>Manassas</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>6</i>	Age <i>Still born</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Geo. Smith</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name			Mother's Birthplace <i>England</i>		
Name of person giving information			How related to deceased <i>X</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>X</i>	How long <i>X</i>
Immediate <i>X</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. M. Luthemann</i>
	Address <i>Rockville MD</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

CERTIFICATE OF DEATH

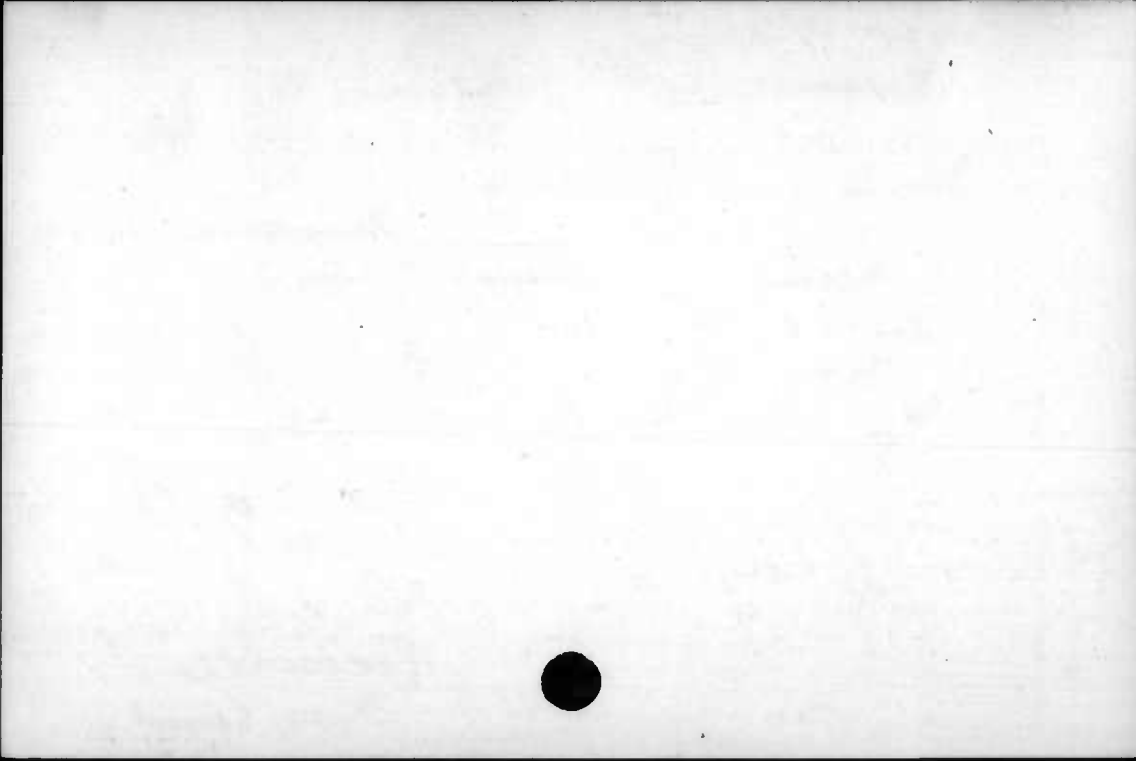
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rose Thomas</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>10</i>	Day <i>14</i>	Age <i>1</i>	Years <i>1</i>	Months <i>4</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>John Thomas</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Orsetta West</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>John Thomas</i>	How related to deceased <i>Father</i>						

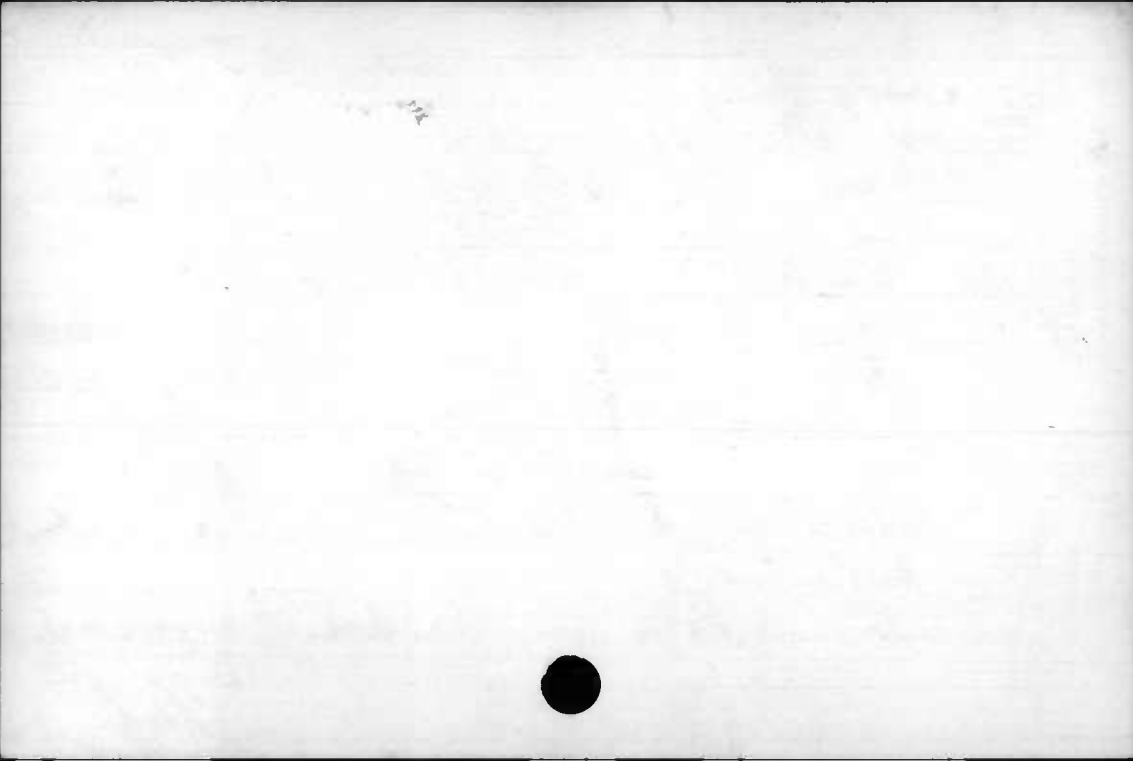
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Five days</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name in Full		Royce Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Redland		County Montgomery Co		MARYLAND
	Date of death	1905	Month Oct	Day 22	Age	Years 28	Months —
	Sex	Male		Color or Race	Black		Birth-place Mt Zion Md
	Occupation	Farm laborer			Where Residing if not at place of death Montrose, Md.		
	Married, Single or Widowed	Married		Name of Wife or Husband	Laura Williams		
	Father's Name	George Williams				Father's Birthplace	Howard Co
	Mother's Maiden Name	Mary Williams				Mother's Birthplace	Montgomery
	Name of person giving information	Brother, Geo Williams				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid Fever				How long	9 weeks
	Immediate	Exhaustion				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	A. H. Mannat,	
	Accident or Suicide?		No		Address	Rockville, Maryland.	



Name
in
Full

William Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Spring</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>Oct.</i>	Day <i>21</i>	Age <i>68</i> ^{Years}	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Meowly Co., Md.</i>		
Occupation <i>Farm hand</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah R. Wright</i>				
Father's Name <i>Henry Wright</i>	Father's Birthplace <i>Meowly Co., Md.</i>				
Mother's Maiden Name <i>Cecelia Sales</i>	Mother's Birthplace <i>Meowly Co., Md.</i>				
Name of person giving information <i>Sarah R. Wright</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>One week about.</i>
Immediate <i>Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. Farguehar.</i>
	Address <i>Q. Mex. Md.</i>
Accident or Suicide?	

